

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

525562

FILING DATE

APPLICANT(S)

page 1 of 2

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/525562 FILING DATE

APPLICANT(S)

Page 2 of 2

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
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135						
136						
137						
138						
139			1			
140			1			
141			1			
142			1			
143			1			
144			1			
145			1			
146			1			
147			1			
148			1			
149			1			
150			1			
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152					1	
153					1	
154					1	
155					1	
156					1	
157					1	
158					1	
159					1	
160					1	
161					1	
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184					1	
185					1	
186					1	
187					1	
188					1	
189					1	
190					1	
191					1	
192					1	
193					1	
194					1	
195					1	
196					1	
197					1	
198					1	
199					1	
200					1	
TOTAL IND.					5	
TOTAL DEP.					32	
TOTAL CLAIMS					37	